Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

1-800-325-8506

		1 ACCOUNT#	2 Total pages filed:
	e C/OH INSTRUCTION s form.	Guide explains how to complete (Ethics Commission filers)	15
3	CANDIDATE /	TITLE FIRST MI	OFFICE USE ONLY
3	OFFICEHOLDER	- 11	OTTIOL OCT
	NAME	OURSELV.	Date Received
		HOWANE 2.0	
		Schubert	<u> </u>
4	CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
	OFFICEHOLDER ADDRESS	7600 Broadway #F-4	
		San Antonio, TX 78209	Date Hand-delivered or Date Postmarked
	Change of Address	San Antonio, ix 70209	UT E
5	CAMPAIGN	TITLE FIRST MI	
	TREASURER NAME	Mrs. Allison L.	Receipt # Amount
	NAIVIE	NICKNAME LAST SUFFIX	Date Processed
			Date Imaged
		Greer	
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
	ADDRESS (Residence or business)	1723 Typhoon San Antonio, TX 78248	
	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
	TREASURER PHONE	(210) 493-3430	
8	REPORT TYPE	XX January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
		July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9	PERIOD	Month Day Year Month Day	Year
	COVERED	07 / 01 / 01 THROUGH 12 / 31 /	/ 01
10	ELECTION	ELECTION DATE ELECTION TYPE	
"		Month Day Year Primary Runoff	General Special
		Primary Runoff	<u> </u>
11	OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if know	n)
		City Council District 9	
13	NOTICE OF DIRECT	Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the direction.	ndidate's prior consent or approval. ect campaign expenditure.
	CAMPAIGN EXPENDITURE		
	BY OTHER	Name	
	INDIVIDUALS		
		Address / PO Box; Apt. / Suite #; City; State; Zip Code	
	additional pages		
-		GO TO PAGE 2	

1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL	may have been mad	vitice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures.	ate / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	8
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5 5.
17 NO REPORTABLE ACTIVITY		no reportable activity occurred during this reporting period. (Sign affidavit bek	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1925.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 420.28
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3048.24
OUTSTANDING LOAN TOTALS	1 '	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ -0-
19 AFFIDAVIT		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	
	CAROLYN A. RITENOUR Y COMMISSION EXPIRES May 18, 2005	Canylus	date or Officeholder
Sworn to and subscri	bed before me, by	the said ARCo LL W. Schusee	this the 14th day
Passen a	Cetera	r Cresum A. Linenous	nomey
Signature of officer ad	dministering oath	Printed name of officer administering oath Titl	le of officer administering oath

POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction	guide explains how to copiete this form.		Total pages Schedule A	Page 1 of 2
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/29/01	James Thurmond		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100.00	
	105 Montclair San Antonio, TX 78209			[
Principal occi	upation (Optional)	Employer (Opton	al)	1
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution
11/7/01	Consulting Engineers Council of Texas		contribution (\$)	description (if applicable)
1117701	Contributor address; City; State; Zip Code		\$500.00	
	400 W. 15th St. Suite 820 Austin, TX 78701			
Principal occi	upation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/30/01	George Vaughn		\$125.00	
	Contributor address; City; State; Zip Code			<u> </u>
	13803 Bluffmont San Antonio, TX 78216			
Principal occi	upation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/31/01	Robert Price, IV		\$200.00	
	Contributor address; City; State; Zip Code		,	
	405 S. Presa San Antonio, TX 78205			
Principal occu	upation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/1/01	San Antonio Realtors PAC		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$750.00	
	9110 IH 10 West San Antonio, TX 78230			
Principal occu	upation (Optional)	Employer (Opton	al)	

P.O. Box 12070 **POLITICAL CONTRIBUTIONS** SCHEDULE A1 OTHER THAN PLEDGES OR LOANS Total pages Schedule A1: The Instruction guide explains how to coplete this form. Page 2 of 2 ACCOUNT # (Ethics commission filers) FILER NAME Carroll W. Schubert In-kind contribution out-of-state PAC (ID#:_ Amount of contribution (\$) Full name of contributor Date description (if applicable) Coca-Cola Enterprises Employee Non-Partisan Com 9/15/01 \$250.00 Zip Code Contributor address; Citv: P.O. Box 723040 Atlanta, GA 31139 Employer (Optonal) Principal occupation (Optional) In-kind contribution Amount of Date Full name of contributor out-of-state PAC (ID# contribution (\$) description (if applicable) State; Zip Code Contributor address: City: Employer (Optonal) Principal occupation (Optional) Amount of In-kind contribution out-of-state PAC (ID#: Date Full name of contributor description (if applicable) contribution (\$) Zip Code Contributor address; Employer (Optonal) Principal occupation (Optional) In-kind contribution out-of-state PAC (ID#:_ Amount of Full name of contributor Date contribution (\$) description (if applicable) Zip Code Contributor address; State: Employer (Optonal) Principal occupation (Optional) In-kind contribution description (if applicable) out-of-state PAC (ID#: Amount of Full name of contributor Date contribution (\$) Contributor address; State; Zip Code Employer (Optonal) Principal occupation (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDG	ED CONTRIBUTIONS		(FOR FORMS C/OH	SCHEDULE B1, sc-c/oh, sc-spac, & spac)
The Instruct	TION GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAM	л. ИЕ		3 ACCOUNT # (Et	thics Commission filers)
	CARROLL W. SCHUBERT			1 (1966) 1 (1976) 1 (1976) 1 (1976) 2 (1976)
4 TO	TAL OF UNITEMIZED PLEDGES:	th th th	\$	\$ 5
5 Date	6 Full name of pledgoroul-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
	N/A			1
10 Principal occi	upation (optional)	11 Employer (option	al)	<u></u>
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	e		 -
Principal occu	upation (optional)	Employer (options	al)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	upation (optional)	Employer (options	al)	
Date	Full name of pledgor out-of-state PAC (ID#:	.	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	upation (optional)	Employer (options	31)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	9		
Principal occu	upation (optional)	Employer (optiona	al)	
If cont	ATTACH ADDITIONAL COPIE tributor is out-of-state PAC, please see instr			ing requirements.

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(540) 400 5000	
TORGO COMMISSION	F.O. BOX 12070	Ausun, Texas 78711-2070	(512) 463-5800	1-800-325-850

LOANS				SCHEDULE E
The Instruction Gu	IDE explains how to complete this form.		1 Total pages Sch	edule E:
2 FILER NAME			3 ACCOUNT # (E	
	CARROLL W. SCHUBERT			<u>0</u> 7
4 TOTA	L OF UNITEMIZED LOANS:		\$	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 interest rate
Y N	N/A			11 Maturity date
12 Description of Collate	eral			<u>L</u> .
none				
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City: State,	Zıp Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	Out-of-state PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State:	Zip Code		Interest rate
Y N				Maturity date
Description of Collate	ral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer		
lf lender i	ATTACH ADDITIONAL COs out-of-state PAC, please see ins	OPIES OF THIS FORM AS truction guide for additi	S NEEDED ional reporting	requirements.

Austin, Texas 78711-2070

POLIT	TICAL EXPENDITURES			SCHEDULE F
The Instruction ç	guide explains how to coplete this form.		Total pages Schedule F:	Page 1 of 5
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date	Payee name			Amount
7/3/01	C.P.S.			(\$) \$101.99
	Payee address; City; State; Zip Code P.O. Box 2678 San Antonio, TX 78289	9		\$ 5 P
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office s	ought Office held
,	Monthly Service			
Date	Payee name			Amount (\$)
7/3/01	Southwestern Bell			\$167.51
	Payee address; City; State; Zip Code	е		
	P.O. Box 4845 Houston, TX 77097			
	e instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office s	
required.)	Monthly Service	Calididate / Officeriolder II	ane Once s	one led
Date	Payee name			Amount (\$)
7/3/01	CSC, Inc.			\$54.37
	Payee address; City; State; Zip Code	e		
	3447 Northeast Parkway San Antonio, TX	78218		
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office s	
	Copier Service			
Date	Payee name			Amount (\$)
7/31/01	Cingular Wireless			\$92.17
	Payee address; City; State; Zip Cod	e		
	P.O. Box 4460 Houston, TX 77097			
Purpose of payment (Se	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** name Office s	
, ,	Monthly Service			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	S NEEDED	

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction guide explains how to coplete this form. Page 2 of 5 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Amount Payee name Date (\$) 8/13/01 U.S. Postmaster \$55.00 Payee address; State; Zip Code City: 10250 John Saunders San Antonio, TX 78246 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information Office sought Office held required.) Post Office Box Renewal Amount Date Payee name 8/30/01 Allison Green \$59.54 Pavee address: City: State; Zip Code 1723 Typhoon San Antonio, TX 78248 **Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information Office sought Office held Candidate / Officeholder name required.) Reimbursement/Moore Funeral Amount Date Payee name 10/22/01 Allison Greer \$67.02 Payee address; State; Zip Code 1723 Typhoon San Antonio, TX 78248 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Reimbursement/Meals, Office Supplies Date Payee name Cingular Wireless 10/22/01 \$52.27 Payee address; City; State: Zip Code P.O. Box 4460 Houston, TX 77097 **Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information Office held Candidate / Officeholder name Office sought required.) Monthly Service ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLI	TICAL EXPENDITURES		SCI	HEDULE F
The Instruction	guide explains how to coplete this form.	1	Total pages Schedule F:	Page 3 of 5
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commissio	n filers)
				Amount
Date	Payee name Election Support Services			(\$)
11/4/01	Payee address; City; State; Zip Code 4958 Military Dr. W. San Antonio, TX 782			\$135.62 5
Purpose of payment (\$ required.)	See instructions regarding type of information	**Complete if direct expend Candidate / Officeholder name	diture to benefit C/OH ** Office sought	Office held
	Voter Lists			
Date	Payee name			Amount (\$)
11/13/01	Allison Greer			\$84.99
	Payee address; City; State; Zip Code			
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment (required.)	See instructions regarding type of information	**Complete if direct expen Candidate / Officeholder name	diture to benefit C/OH ** Office sought	Office held
. ,	Reimbursement/Postage,Supplies,Meals			
Date	Payee name			Amount (\$)
12/8/01	Republican Party of Bexar County			\$60.00
	Payee address; City; State; Zip Code	}		
	900 NE Loop 410 San Antonio, TX 7820	9		
Purpose of payment (required.)	See instructions regarding type of information	**Complete if direct expen Candidate / Officeholder name	nditure to benefit C/OH ** Office sought	Office held
	Tickets for Hall of Fame Dinner			
Date	Payee name			Amount (\$)
12/10/01	Foley's			\$223.07
	Payee address; City; State; Zip Cod	е		
	200 North Star Mall San Antonio, TX 782	216		
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct exper Candidate / Officeholder name	nditure to benefit C/OH ** Office sought	Office held
	Christmas Cards			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM AS NE	EDED	

POLI	TICAL EXPENDITURES		S	CHEDULE F
The Instruction	n guide explains how to coplete this form.		Total pages Schedule F:	Page 4 of 5
FILER NAM	Carroll W. Schubert		ACCOUNT # (Ethics commiss	Amount (\$)
Date	Payee name			Amount
12/16/01	U.S.Postmaster			(\$)
	Payee address; City; State; Zip Code 10250 John Saunders San Antonio, TX 7			
Purpose of payment (s required.)	See instructions regarding type of information	**Complete if direct expe Candidate / Officeholder name	nditure to benefit C/OH ** Office sought	Office held
	Postage			
Date	Payee name			Amount (\$)
12/18/01	Allison Greer			\$75.50
	Payee address; City; State; Zip Code	3		
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment (See instructions regarding type of information	**Complete if direct expe Candidate / Officeholder name	nditure to benefit C/OH ** Office sough	Office held
	Reimbursement/Labels & Engraving			
Date	Payee name			Amount (\$)
12/19/01	Los Barrios			\$562.50
	Payee address; City; State; Zip Code	е		
	4223 Blanco Road San Antonio, TX 782	12		
Purpose of payment ((See instructions regarding type of information	**Complete if direct expe Candidate / Officeholder name	enditure to benefit C/OH ** Office sough	t Office held
	District 9 N A Reception			
Date	Payee name			Amount (\$)
12/30/01	Cingular Wireless			\$123.93
	Payee address; City; State; Zip Cod	le		
	P.O. Box 4460 Houston, TX 77097			
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct expo Candidate / Officeholder name	enditure to benefit C/OH ** Office sough	at Office held
· 	Monthly Service			
i	ATTACH ADDITIONAL CO	PIES OF THIS FORM AS N	EEDED	

POLIT	TICAL EXPENDITURES		so	HEDULE F
The Instruction g	uide explains how to coplete this form.		Total pages Schedule F:	Page 5 of 5
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commiss	ion filers)
Date 12/30/01	Payee name Carroll Schubert			Amount (\$)
	Payee address; City; State; Zip Code 7600 Broadway #F-4 San Antonio, TX 78			\$514.45
Purpose of payment (Se required.)	e instructions regarding type of information Reimbursement for staff party	**Complete if direc Candidate / Officeholder	et expenditure to benefit C/OH ** name Office sought	Office held
Date 12/31/01	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097	3		Amount (\$) \$96.05
Purpose of payment (Se required.)	e instructions regarding type of information Monthly Service	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sought	Office held
Date	Payee name Payee address; City; State; Zip Code	e		Amount (\$)
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if dire Candidate / Officeholder	ct expenditure to benefit C/OH ** r name Office soughi	Office held
Date	Payee name Payee address; City; State; Zip Cod	e		Amount (\$)
Purpose of payment (Si required.)	ee instructions regarding type of information	Candidate / Officeholde		t Office held
	ATTACH ADDITIONAL CO	PIES OF THIS FORM	AS NEEDED	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) CARROLL W. SCHUBERT Date 5 Payee name 8 **Amount** (\$) 6 Payee address; City; State; Zip Code N/A 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from politieats contributions intended Date Pavee name Amount (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name Amount (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name Amount (\$) Payee address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Purpose of expenditure (See instructions regarding type of information required.)

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address;

Reimbursement from political contributions intended

> Amount (\$)

Reimbursement from political contributions intended

PAYMI TO A E	ENT FROM POLITICAL CONT BUSINESS OF C/OH	RIBUTIONS	;	SCHEDULE H
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages Schedule	H:
2 FILER NAM	1E		3 ACCOUNT # (Ethics C	commission filers)
	CARROLL W. SCHUBERT			a
4 Date	5 Business name		7	Amount
				(\$)
	6 Business address; City; State; Zip Code			ज 🙏 🔆
	N/A			
8 Purpose of pa	yment (See instructions regarding type of information		e if direct expenditure to be	
- 1,		Candidate / Officehol	lder name Office	sought Office held
Date	Business name			
				Amount (\$)
	Business address; City; State; Zip Code			
Purpose of pay required.)	ment (See instructions regarding type of information		if direct expenditure to be	
		Candidate / Officehole	der name Office	sought Office held
Date	Business name			Amount
				(\$)
	Business address; City; State; Zip Code			
required.)	ment (See instructions regarding type of information	 Complete Candidate / Officehold 	if direct expenditure to ber ler name Office s	
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code			
	5.5), Sible, Elp Gode			
Purpose of payi	ment (See instructions regarding type of information	·· Complete	if direct expenditure to ben	efit C/OH
required.)		Candidate / Officehold		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS	S NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SC	HE	וח	11	=	1

The Instruction Guide explains how to complete this form. 1 Total pages Sc		pages Schedule I:	8	
FILER NAME		OUNT #	Come of	·
	CARROLL W. SCHUBERT	OUNT # (Ethics Comm	ission filers)	
Date	5 Payee name	8	ري د	
	6 Payee address; City; State; Zip Code		Amount (\$)	
	N/A		5	
	7 Purpose of expenditure (See instructions regarding type of information required.)			
Date	Payee name		Amount	
	Payee address; City; State; Zip Code		(\$)	
	Purpose of expenditure (See instructions regarding type of information required.)			
Date	Payee name		Amount	
	Payee address; City; State; Zip Code		(\$)	
	Purpose of expenditure (See instructions regarding type of information required.)			
Date	Purpose of expenditure (See instructions regarding type of information required.) Payee name		A	
Date			Amount (\$)	
Date	Payee name			
Date	Payee name Payee address; City; State; Zip Code		(\$)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)			

CREDI	TS (optional)		SCH	EDULE	K
					page 1 g length of the second
The Instruction Guide explains how to complete this form. 1 Total pages Sch		dule K:	15		
2 FILER NAM	E CARROLL W. SCHUBERT	3 ACCOUNT # (Eth	ics Commission	filers)	
4 Date	5 Payor name		8	Amount (\$)	
}	6 Payor address; City; State; Zip Code			্ 5	e Service Service Service
	N/A				
	7 Reason for credit				
Date	Payor name		-	Amount (\$)	
	Payor address; City; State; Zip Code			()	
	Reason for credit				
Date	Payor name			Amount (\$)	
	Payor address; City; State; Zip Code				
	Reason for credit				
Date	Payor name			Amount (\$)	-
	Payor address. City; State; Zip Code			(4)	
	Reason for credit				
Date	Payor name			Amount (\$)	
	Payor address; City; State; Zip Code				: : :
	Reason for credit			hallog deliga del anticología de la constantición de la constantición de la constantición de la constantición	
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED			